REPORT TO THE

TWENTY-SECOND LEGISLATURE

STATE OF HAWAII

2004

PURSUANT TO
SECTION 10 OF ACT 161,
SESSION LAWS OF HAWAII 2002 (REGULAR SESSION),
REQUIRING A REPORT BY THE
DEPARTMENT OF HEALTH
ALCOHOL AND DRUG ABUSE DIVISION
ON THE IMPLEMENTATION OF SECTION 321-193.5,
HAWAII REVISED STATUTES

PREPARED BY:

DEPARTMENT OF HEALTH
ALCOHOL AND DRUG ABUSE DIVISION
STATE OF HAWAII
JANUARY 2004

EXECUTIVE SUMMARY

Passed by the Legislature in 2002, Act 161 (SLH 2002) as HRS §706-622.5 was enacted "to require first time non-violent offenders, including probation and parole violators, to be sentenced to undergo and complete drug treatment instead of incarceration." The Department of Health was designated as the lead agency for interagency coordination, and to report on the effectiveness of the delivery of services and expenditures made. The Act did not include funding for substance abuse treatment.

Deliberations by representatives of the Department of Public Safety, Hawaii Paroling Authority, the Judiciary, Department of Health, Department of Human Services, as well as the representatives from community-based prisoner advocacy group, substance abuse treatment provider and an ex-offender focused on:

- Developing an inventory of statewide substance abuse treatment services for offenders.

- Tracking of Act 161-02 first-time, nonviolent offenders enrolled in substance abuse treatment. As of October 31, 2003 Adult Probation identified 190 Act 161 sentenced probationers. At the time of passage of the bill, the Hawaii Paroling Authority completed a one-time review of inmates who would qualify for Act 161. Forty-seven (47) inmates were identified, 28 of these were paroled, and 16 of the 47 have received substance abuse treatment.

- Developing a statewide plan for substance abuse treatment for offenders, encompassing the continuum of care and service gaps for offender subpopulations: supervised release, probation, corrections (jail and prison) and parole. This plan is presented as Principles and Directions for Substance Abuse Services for Adult Offenders.

The Principles and Directions document found Substance Abuse Treatment to be effective in reducing criminal activity. For example, arrests for any types of crimes decreased from 48.2% to 17.2%. After one year of substance abuse treatment, arrests in several states have fallen from 50-90%.

A Needs Assessment of the criminal justice system estimated the substance abuse treatment needs for offenders statewide. Recent data was obtained on offenders in four categories: supervised release, probation, incarceration, and parole.

Criminal Justice Population—Estimated Needs for Substance Abuse Treatment Services, 2003

	Supervised Release	Probation	Incarceration		Parole
			Jail	Prison	
Estimated Pop.	600	15,385	1,797	3,456*	2,600
Act 161 Offenders	0	190	0	0	26
% Substance Abuse	70%	43.2%	88%	88%	78%
Est. Need for Treatment	420	6,646	1,581	3,041	2,028
Treatment Services	27	682	83	602	159
Gap	393	6,018	1,498	2,439	1,869
Update Date	8/2003	8/2003	8/2003	8/2003	8/2003

*Includes prison inmates on the mainland

Principles for effective and efficient criminal justice substance abuse treatment identified that the most efficient models integrate treatment and criminal justice personnel working together on implementation of screening, placement, testing, monitoring and supervision, as well as the systemic use of sanctions and rewards.

Integrated Case Management is a substance abuse treatment model funded by the Department of Health as a project dedicated to interagency collaboration. A report on the project in this document includes preliminary data on system of care issues.

Chief Justice Moon, in January, 2000 appointed the Interagency Council on Intermediate Sanctions to guide the implementation of all the necessary collaborative work to establish a system. This system is beginning with a standardized risk/needs and substance abuse assessment, and includes substance abuse treatment as a priority intervention. The goal of Intermediate Sanctions is to reduce recidivism by 30%. A March 2003 study by the State Attorney General (Davidson, 2003) indicated that a 30% reduction in Probation and Parole Revocations that result in imprisonment would save an estimated $4,709,887.

The Principles and Directions document recommends an increase in treatment to reduce recidivism, and the use of outpatient motivational groups to provide access to treatment for more offenders while identifying offenders who are motivated for costly residential treatment. It is also recommended that indigent offenders receive rental supplements for clean and sober housing until they receive their entitlements. This will provide an alternative to more costly residential treatment or incarceration, and to establish clean and sober housing in areas of shortage. The Neighbor Islands do not have clean and sober housing, and rental subsidies are suggested as a method of encouraging clean and sober housing in these areas.

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REPORT TO THE LEGISLATURE
SUBMITTED BY
THE DEPARTMENT OF HEALTH
ALCOHOL AND DRUG ABUSE DIVISION
PURSUANT TO SECTION 10 OF ACT 161,
SESSION LAWS OF HAWAII 2002 (REGULAR SESSION)

PURPOSE

Act 161, Session Laws of Hawaii (SLH) 2002, was enacted "to require first time non-violent drug offenders, including probation and parole violators, to be sentenced to undergo and complete drug treatment instead of incarceration." Section 10 of Act 161, SLH 2002, specifies that:

> The Department of Health shall submit an annual report to the Legislature before the convening of each Regular Session, beginning with the Regular Session of 2004, on the status and progress of the interagency cooperative agreement required under Section 2[1] of this Act and the effectiveness of the delivery of services thereto, and expenditures made under this Act.

It should be noted that there are caveats to Act 161, SLH 2002, implementation:

> The reference to a "master plan developed under Chapter 353G" in Section 2 of Act 161, SLH 2002, is erroneous as there is no mention of a "master plan" in Chapter 353G[2]. The development and implementation of offender substance abuse treatment programs, however, have been on-going activities involving interagency participation.

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[1] Codified as §321-193.5, Hawaii Revised Statutes –

§321-193.5 Interagency coordination. (a) The department of public safety, Hawaii paroling authority, judiciary, department of health, department of human services, and any other agencies assigned oversight responsibilities for offender substance abuse treatment by law or administrative order, shall establish a coordinating body through an interagency cooperative agreement to oversee the development and implementation of offender substance abuse treatment programs in the State to ensure compliance with the intent of the master plan developed under chapter 353G. The coordinating body shall also include a representative from a community based prisoner advocacy group and a substance abuse treatment provider selected by the director of health, and an ex-offender selected by the director of public safety subject to the approval of the chairperson of the Hawaii paroling authority and the chief justice. The coordinating body shall meet not less than quarterly in a meeting subject to chapter 92. The interagency cooperative agreement shall set forth the role of the coordinating body and the responsibilities of each agency that is a party to the agreement.

(b) The department of health shall be the lead agency for interagency coordination of substance abuse treatment. As the lead agency, the department shall act as facilitator of and provide administrative support to the coordinating body.

(c) Notwithstanding any other provision to the contrary, any agency that is part of the interagency cooperative agreement shall provide, upon the request of any other participating agency, all medical, psychological, or mental health records of any offender receiving supervision or treatment while under custody of the State. Any participating agency receiving such records of any offender receiving supervision or treatment while under custody of the State, shall keep that information confidential in accordance with the requirements of 42 United States Code section 290dd-2. [L 2002, c 161, §2] Note: Annual report on interagency cooperative agreement. L 2002, c 161, §10.

[2] Act 152-98, Criminal Offender Treatment Act.

Act 259-01 and Act 175-02 appropriated funds for integrated case management services; safe, clean and sober housing; and substance abuse treatment statewide for offenders on supervised release, probation, furlough and parole to reduce the return to custody rate of offenders while ensuring public safety. There has been no appropriation of funds to specifically address the first time, non-violent offenders targeted by Act 161, SLH 2002. [3]

Since Act 161, Session Laws of Hawaii 2002, was enacted, the Interagency Offender Substance Abuse Treatment Coordinating Council that was formed had three meetings.[4]

Present members of the Council are:

Chiyome Leinaala Fukino, M.D. Director of Health	Ms. Lillian B. Koller Director of Human Services
Mr. Wendell Murakawa Administrator, Department of Public Safety Intake Service Centers	Ms. Kat Brady Community Alliance on Prisons
Mr. Tommy Johnson Paroles and Pardons Administrator, Hawaii Paroling Authority	Mr. Larry Williams Salvation Army Addiction Treatment Services
Mr. Thomas "Rick" Keller Administrative Director of the Courts	Mr. Valentin Cisneros KASHBOX

BACKGROUND

Act 25, Session Laws of Hawaii (SLH) 1995 (Special Session), was enacted to establish a drug court at the state Circuit Court level, implement a comprehensive schedule of alternatives to incarceration that do not undermine public safety, and provide rehabilitative and assistance programs for arrestees and the incarcerated. The 1995 Hawaii State Legislature included funds to establish the first Drug Court in the Judiciary's Circuit Court of the First Circuit. Drug Courts have since been funded in all Circuits and in the Family Court. The Department of Public Safety developed two community-based transitional programs for women exiting prison and expanded the use of electronic monitoring for offenders placed on pretrial release, extended furlough and parole. The Hawaii Paroling Authority has sought and received federal grant funds for community-based mental health and drug treatment services, as well as additional services for female parolees.

Subsequently, Act 152, SLH 1998, was enacted to: establish a substance abuse assessment and treatment program to identify those inmates who are repeat offenders who are inmates in correctional centers and facilities, who actively abuse a controlled substance or alcohol, who are alcohol or drug dependent, or who are otherwise in need of substance abuse treatment and monitoring; and establish cost-effective substance abuse assessment, treatment, and monitoring

[3] Initially funded by Act 259-01 and continued by appropriations in Act 175-02 and Act 200-03.
[4] On November 12, 2002, December 19, 2002 and May 5, 2003

services; and hold substance abusing repeat offenders accountable for their past and future actions by means of an effective combination of rewards, threats, and swiftly imposed punishments and sanctions designed to take full advantage of the coercive influence of the criminal justice system. No funds were appropriated to carry out the purposes of the Act.

Throughout Fiscal Years 1999 and 2000, various working groups and committees deliberated to identify the need and demand for substance abuse treatment. One such working group, which was composed of representatives from the Department of Public Safety, the Hawaii Paroling Authority, Department of Health and the Judiciary's Adult Client Services, focused on providing substance abuse treatment within the criminal justice system. This focus culminated in the development of the initiative to provide substance abuse treatment services for offenders.

$2,192,698 was appropriated by Act 259, SLH 2001, for adult criminal justice substance abuse treatment and integrated case management services. However, because the department had anticipated funding restrictions, the program did not get approval to expend these funds until late in the fiscal year. Thus, only $192,698 of the $2.192 million appropriated was expended in FY 2002.

On June 25, 2002, the FY 2002-03 supplemental budget (Act 177, SLH 2002), which deleted funding for the services to offenders was approved. On the same day, however, Act 175, SLH 2002 was approved by the Governor, appropriating funds from the Emergency and Budget Reserve Fund to maintain levels of programs that are essential to the public health, safety, and welfare. Section 10 in Act 175 restored the $2,192,698 for FY 2002-03 to be used for the offender treatment initiative.

ACT 161 INTERAGENCY OFFENDER SUBSTANCE ABUSE TREATMENT COORDINATING COUNCIL

Passed by the Legislature in 2002, Act 161 (SLH 2002) as HRS §706-622.5 designates the Department of Health as the lead agency for interagency coordination of substance abuse treatment. As the lead agency, the Department acts as facilitator and provides administrative support to the Interagency Offender Substance Abuse Treatment Coordinating Council.

Deliberations by representatives of the Department of Public Safety, Hawaii Paroling Authority, the Judiciary, Department of Health, Department of Human Services, as well as the representatives from community-based prisoner advocacy group, substance abuse treatment provider and an ex-offender focused on:

- Tracking of Act 161-02 first-time, nonviolent offenders enrolled in substance abuse treatment and the means of financing (i.e., Act 259-01 and Act 175-02 appropriations) their utilization of substance abuse treatment services.[5]
    - From July 1, 2002 to October 31, 2003, Adult Probation (now called Adult Client Services) has identified 190 offenders as Act 161 sentenced probationers. Attachment 1 is a status report of these individuals.

[5] To be reported in response to Section 27 of Part III, Act 200, SLH 2003.

- The Hawaii Paroling Authority (HPA) was required, under Section 9 of Act 161-02, to complete a one-time review of all sentenced offenders at the time of its passage. The purpose of the review was to determine if any inmates would have been eligible for probation and treatment, had the new law been in place at the time of their sentencing. If so, HPA was to grant parole to eligible persons who served at least 30 days of incarceration. This review identified 47 inmates who would qualify for Act 161. Of these, 28 have been released by the Hawaii Paroling Authority, and 16 of these have received substance abuse treatment (See Attachment 2 for details).

- Developing an inventory of statewide substance abuse treatment services for offenders.

- Developing a statewide plan for substance abuse treatment for offenders, encompassing the continuum of care and service gaps for offender subpopulations: supervised release, probation, corrections (jail and prison) and parole. This plan is presented as Principles and Directions for Substance Abuse Services for Adult Offenders.

The Department of Health is committed to improve and enhance the treatment of offenders in the criminal justice system. The Department worked as an organizer and contributor to the Hawaii Drug Control Strategy Summit, which provides an overall strategy and recommendations for drug treatment in the state. The Department also contributed as a partner for the past four years in the Interagency Council on Intermediate Sanctions with the Judiciary, Department of Public Safety, Hawaii Paroling Authority, and the Attorney General. Also for the past four years, the Department of Health has been a partner and lead agency with the Judiciary and the Department of Public Safety in developing Integrated Case Management, a project tying together the needs of offenders in the criminal justice system to treatment for substance abuse, health, housing and vocational services.

The Department of Health, through the Alcohol and Substance Abuse Division, provided technical assistance by enlisting national expertise through Center for Substance Abuse Treatment (CSAT). Consultants William Ford, Ph.D., John O'Donnell, Ph.D., and Melody Heaps from Treatment Alternatives to Street Crime (TASC) joined the Interagency Council for offender substance abuse treatment. A delegation from the Interagency Council coordinated by the Department of Health and included the Lieutenant Governor and representatives from the Department of Public Safety, Judiciary, Attorney General's Office reviewed the TASC program in Chicago in June 2003. Technical assistance from CSAT consultants was used throughout the planning process.

PRINCIPLES AND DIRECTIONS FOR SUBSTANCE ABUSE SERVICES FOR HAWAII ADULT OFFENDERS

Act 161-02 established an Interagency Offender Substance Abuse Treatment Coordinating Council with the Department of Health as the lead agency for interagency coordination of

substance abuse treatment and as administrative support for the council. Council discussions resulted in the development Principles and Directions for Substance Abuse Services for Hawaii Adult Offenders as a first step to implementation of substance abuse treatment programs for offenders statewide.

Method

- The needs assessment for substance abuse treatment for offenders was update based on the State of Hawaii, Department of Health, Alcohol and Drug Abuse Division January 2000 *Statewide Substance Abuse Treatment Plan: A Foundation Document***.** The document estimated substance abuse treatment needs for various targeted populations, including criminal justice offenders. The criminal justice treatment needs in the 2000 document were updated with current criminal justice data (August 2003-October 2003).

- These needs, as well as existing treatment resources, were then mapped on to a Hawaii adapted version of the federal Center for Substance Abuse Treatment (CSAT) Criminal Justice Planning Chart. National consultants provided technical assistance for this planning process. This became the Hawaii Criminal Justice/Substance Abuse Planning Chart**.**

- Evidence-based practices were used to develop principles for effective and efficient criminal justice substance abuse treatment.

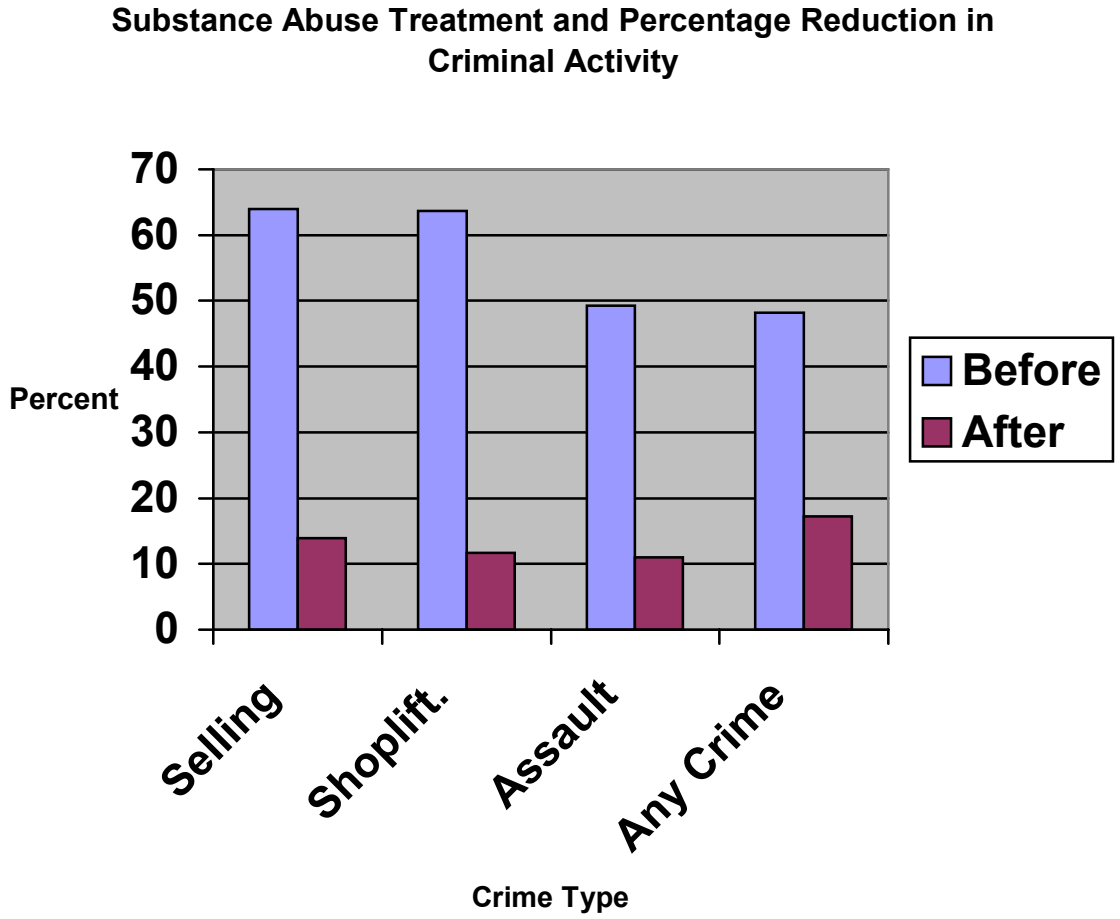
- Specific recommendations using the strengths of community resources were made to facilitate community integration of offenders.

The Hawaii Drug Control Strategy Summit—September 2003

The Hawaii Drug Control Strategy Summit on September 15-17, 2003 very recently released the *Hawaii Drug Control Strategy: A New Beginning*. This strategy, and the *Recommendations and Compelling Cases for Action* forms a foundation for drug control in Hawaii. The full text of recommendations can be found at www.hawaii.gov/ltgov/hawaiidrugcontrolstrategy. A priority of the strategy is to focus on offenders, and to focus efforts on providing more treatment and services for prisoners moving back into the community. Substance abuse treatment has proven effective in the criminal justice system.

Effectiveness of Substance Abuse Treatment for Offenders

The Center for Substance Abuse Treatment (National Treatment Improvement Evaluation Study, 1996) has shown in numerous studies that substance abuse treatment significantly reduces criminal activity. Some telling statistics: Reports of arrests of selling drugs were reduced from 64% to 13.9%, shoplifting decreased from 63.7% to 11.7%, assault decreased from 49.3% to 11%, and arrests for any crimes decreased from 48.2% to 17.2%. The rationale for substance abuse treatment to reduce future crimes stems from the fact that the national average rate of recidivism and repeat arrests without substance abuse treatment is 47%.

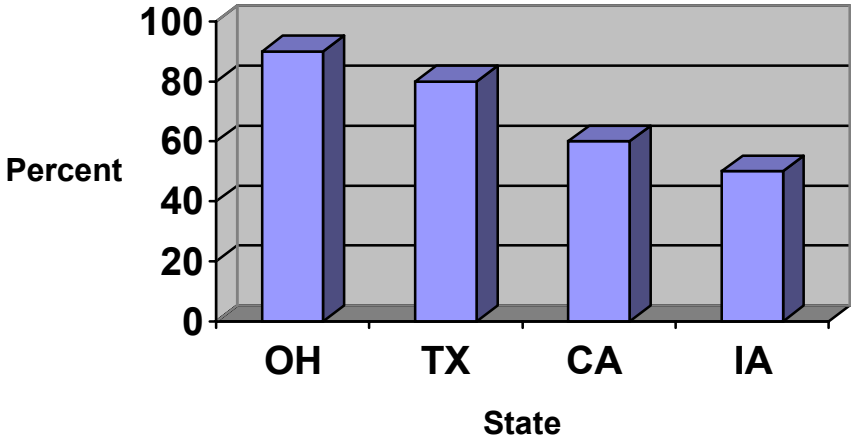


Source: National Treatment Improvement Evaluation Study, CSAT, 1996

Other States

Many states have endorsed strategies of using substance abuse treatment to reduce crime, and have found the benefits of systematically integrating substance abuse treatment into their criminal justice systems. After one year in treatment, arrests in Ohio dropped by 90%, in Texas arrests dropped by 80%, in California arrests dropped by 60%, and in Iowa arrests dropped by 50% (Young, N.K., 1994). Hawaii does not have a specific study that has measured arrest reduction across the criminal justice system one year after treatment. However, the Department of Health Alcohol and Drug Abuse Division (ADAD, 2003) data shows that, for its substance abuse contracts, follow-up with clients 6 months after treatment found that 89.1% of adults who had no arrests since discharge. This may be of significance, as ADAD providers report that 60-70% of their clients have criminal justice histories.

Substance Abuse Treatment and Reduction in Arrests



Source: Young, N.K., 1994

NEEDS ASSESSMENT

The Department of Health Alcohol and Drug Abuse Division Statewide Substance Abuse Treatment Plan: A Foundation Document

The January 2000 *Statewide Substance Abuse Treatment Plan, A Foundation Document* produced by ADAD provides the foundation for the Principles and Directions for the criminal justice system. The 2000 Treatment Plan describes the various criminal justice services and includes a needs assessment for the criminal justice population, as well as a collaboration proposal to address effective delivery of substance abuse treatment to this population.

The January 2000 Treatment Needs Assessment for the criminal justice system was updated with information gathered up to and during the month of November 2003. Criminal justice officials were asked for assessment data on offenders with need for "substance abuse treatment", a slightly more stringent requirement than the 2000 needs assessment in which all levels of substance abuse treatment, including substance abuse education, were assessed. The points of substance abuse treatment intervention in the criminal justice system have remained the same: Intake Service Center's Supervised Release, Probation, Incarceration, and Parole.

Table 1. Criminal Justice Population—Estimated Needs for Substance Abuse Treatment Services, 2003

	Supervised Release	Probation	Incarceration		Parole
			Jail	Prison	
Estimated Pop.	600	15,385	1,797	3,456*	2,600
Act 161 Offenders	0	190	0	0	26
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Supervised Release

In accordance with 804-3 HRS, a judge may grant a defendant supervised release from jail pending trial if a defendant is not deemed a flight risk or a danger to the community. The Department of Public Safety Intake Service Center manages the supervised releases statewide. Intake Service Center indicates that of its statewide population of 600, 70% of pretrial offenders have substance abuse problems. The Intake Service Center and Community Correction Center health care does health and mental health screenings on inmates. The population of supervised release is not accumulating as is the population in other criminal justice jurisdictions, as this status expires when clients are adjudicated. If a client is assessed and needs substance abuse treatment because of an addiction, it is helpful leverage if a judge orders substance abuse treatment. If a defendant does not comply with the conditions of supervised release, this supervised release status can be revoked.

Intake Service Center's Supervised Release did not have treatment funds available until this past year. ADAD contracted $50,000 of Drug Demand Assessment Reduction funds to provide a small amount of substance abuse treatment, which can be used to possibly divert offenders from further criminal justice involvement.

Adult Probation

According to Adult Probation Division, currently there are 15,385 offenders on probation in Hawaii. Using the Wisconsin assessment instrument information, which indicates that 43.2% of offenders have frequent drug abuse, serious life disruption, and are in need for treatment, an estimated 6,646 of Hawaii's probationers are in need of substance abuse treatment. Last year 36.7% of the probation population had positive drug screens. The number of those who received treatment last year include 182 in Adult Probation, 144 Oahu Drug Court, 20 Kauai Drug Court, 28 Island of Hawaii Drug Court and 154 Maui Drug Court. Integrated Case Management, a Department of Health, criminal justice collaboration, served 154 probation offenders.

The Adult Probation Division is currently planning for implementation of intermediate sanctions, which may be broadly defined as sanctions other than incarceration. Substance abuse treatment can be used in conjunction with these sanctions to influence the offender to adhere to treatment regiments. A report from the National Institute of Corrections suggests treatment to the medium-

risk to high-risk probationers in Hawaii, to maximize the substance abuse treatment impact on recidivism.

Incarceration

During the week of August 11, 2003 to August 18, 2003, Department of Public Safety (PSD) had 5,253 offenders incarcerated in state and mainland correctional facilities. There is currently no treatment available in the jail system. In prison, there are three levels of substance abuse treatment: Level III, which is intensive outpatient or therapeutic community, Level II, which is psycho educational or Level I, which is educational, the least intensive services. The information from a fairly large sample of inmates from the Referral, Assessment and Diagnosis (RAD) at Halawa prison indicated that of 806 inmates screened, 574 required Level III, and 136 needed Level II an one year. This would indicate that 88% of these inmates require substance abuse treatment. The Department of Public Safety is currently reviewing and planning for all of its substance abuse treatment programs.

Parole

According to the Hawaii Paroling Authority (HPA), upon release from jail or prison, HPA is responsible for supervising an active parole population of 2,600. A 2001 study by the University of Hawaii and the State Attorney General (Social Science Research Institute, 2001) found that 78% of parolees had "serious life disruption" because of drug problems. The majority of parole violations and revocations occur because of drug use, new crimes related to drugs, legal problems with a significant other, or a new arrest. HPA has recently received $100,000 from the legislature for new substance abuse treatment funds for offenders charged with HRS §707 "offenses against the person".

External reviews of the needs of offenders by nationally recognized experts and methodology provide support for the above criminal justice data. As part of the U.S. Department of Justice continuing settlement with the State of Hawaii, in January 2001, the State Adult Mental Health Division in conjunction with experts for Technical assistance Collaborative (TAC) and Health Systems Research Inc. (HSRI), performed a needs assessment for offenders entering corrections. Each individual entering the Oahu Community Correctional Center (OCCC) healthcare was assessed daily for one month using the Resource Associated Functional Level Scale (RAFLS) given by advanced practice registered nurses. OCCC provides the point of entry for most inmates, including many of those on the Neighbor Islands who have health problems, and inmates who will enter prison. Sixty-five (65) offenders were assessed, and 52, or 80% of these individuals were assessed with alcohol or substance abuse problems.

Two other studies by national experts in substance abuse, one by Martin Labarbera and Henry Richards (in 1999), and one by Roger Peters with the GAINS Center for Co-occurring Disorders (circa 2000), verified the high substance abuse needs in the Department of Public Safety, and the need for state-of-the-art assessment.

National/Hawaii Substance Abuse Treatment Statistics

National Statistics show that approximately 2 out of 3 arrestees have drugs in their urine drug screens, and 8 to 10 state prisoners admit to having a history of drug use. Only 1 in 10 report

being treated for drug use (Institute for Behavioral Research [IBR], 2002). In Hawaii, the figure for arrests is similar, with 62-64% of arrestees testing positive (Arrestee Drug Abuse Monitoring [ADAM], January-December 2002). The percentage of those receiving treatment (calculated from Table 1) under supervised release is 5%, probation 4%, incarcerated 13%, and from parole 9%. To deal with the daunting treatment need, many states have developed substance abuse plans for the offender population. In reviewing the plans of progressive states, statewide strategies have focused limited resources on evidence-based practices that reasonably allocate resources based on substance abuse assessment, including motivation, and managing offender risks and needs. The overall goal for criminal justice substance abuse treatment is to reduce criminal recidivism.

HIGHLIGHTS OF OFFENDER SERVICE NEEDS IN HAWAII

Treatment of Crystal Methamphetamine—The Drug of Choice for Offenders

Given the Ice epidemic in Hawaii, it comes as no surprise that the drug of choice for offenders is Crystal Methamphetamine (Ice). The percent of Hawaii male and female arrestees testing positive for Methamphetamine during 2002 is 43-49%, far surpassing marijuana, the next closest drug at 20-32% (ADAM, Jan.- Dec 2002). Offenders use multiple drugs, crime and illicit drugs being part of the anti-social lifestyle.

The treatment for offenders who use Ice combines knowledge of criminal justice treatment with treatment research on Ice. State-of-the-art treatment providers in Hawaii are emphasizing that treatment needs to be individualized, based on the needs of the individual. Criminal justice research has shown that treatment needs to be intensive, cognitive-behavioral, and of 3 to 9 months duration (Gendreau, *The Principles of Effective Intervention with Offenders*, 1996).

A recent review of the Methamphetamine treatment research in the *Journal of Substance Abuse* (Hall, 2003) has found that methamphetamine treatment does not necessarily need to be specialized, but has to be longer in duration in intensive outpatient or residential drug treatment. "In reviewing the studies we found that treatment does work if you can give people sufficient access to treatment. We were worried that you need a special care ward or other special setting, but at least based on the data we reviewed, that doesn't seem to be the case…The emphasis on dealing with meth has been punishment and imprisonment, but we may do well as a society to reserve prison for those who are involved in illegal drug sales or violence and support treatment for abusers (James Hall, University of Iowa)."

The body of research on methamphetamine, has not yet demonstrated the optimal duration, frequency and format of treatment (Higgins and Wong, 1998). The University of Iowa research calls for researchers to study what residential treatment length would be effective for methamphetamine users to be able to step down to less intensive care. Hawaii treatment providers have a long history of crystal methamphetamine treatment, and have interest in research and treatment. In the big picture, treatment and prevention are necessary to stem the trend of increasing methamphetamine addiction, and crimes associated to fund this addiction.

A National Institute of Drug Abuse (NIDA) scientifically based approach to methamphetamine abuse is the matrix model (NIDA Principles, 1999). The Matrix Model of treatment for stimulant abusers is a 16-week Intensive Outpatient Program that meets three (3) times weekly.

The model was originally developed in the early 1980s in response to the unique treatment needs of cocaine abusers. The model was developed using brain research to guide the clinical interventions embedded within the model (Obert et. al., 2002). The Matrix Model provides a framework for engaging stimulant abuser in treatment and helping them achieve abstinence. The treatment is comprised of three group modalities (early recovery skills, relapse prevention groups, and family education groups). These treatment groups along with weekly individual counseling sessions and urine testing provide the structure, and teach the skills, necessary for methamphetamine dependent clients to begin the process of recovery. The clients are encouraged to actively utilize self-help programs as part of their treatment.

Several studies have demonstrated the Matrix model's effectiveness with stimulant abusers (Huber, et. al., 1997, Rawson, et. al., 1995). In 1998, the Center for Substance Abuse Treatment funded a multi-site clinical trial to determine the replicability of the Matrix Model with various populations across the United States. One of those sites was in Honolulu. The Honolulu site outcome data indicated that the Matrix model in comparison to the site's treatment-as-usual model significantly improved retention rates and the number of clean in-treatment urinalysis. (UCLA unpublished site data, 2003).

There is evidence that methamphetamine injures brain cells. Research by Chang (2003) indicates slower response times, particularly on tasks that required working memory, the immediate storage of information and mental concentration. These injuries are not of the level of borderline mental retardation or more severe neurological trauma seen frequently among offenders, but they do slow the progress of rehabilitation and require more individualized care and staff attention.

The acute stage of methamphetamine treatment often involves psychiatric medication, treatment which the substance abuse providers find is difficult to obtain. A problematic area of treatment cited by substance abuse providers is the prevalence of psychosis triggered by the drug. Substance abuse providers lack funds or adequate medicaid reimbursement for psychiatric treatment of this psychosis. Symptoms of amphetamine induced psychosis include paranoia, hallucinations, delusions, anger and aggression that may become community safety issues. The Adult Mental Health Division (AMHD) and ADAD are administering a 3 year $3.6 million dollar grant to help the State develop the infrastructure for co-occurring disorders. This may include the development of a strategy to treat amphetamine induced psychosis.

Clean and Sober Housing

Assessment of the adult offender substance abuse treatment system is not complete without an assessment of clean and sober housing. Clean and sober housing provides an alternative to incarceration and substance-abusing environments, and to higher-cost residential treatment. Currently serious life disruption caused by drug and alcohol use leads an increasing rate of parole revocations (68%) and probation violations (70%) for 2-3 years beyond after community re-entry or the beginning of probation. The length of residential substance abuse treatment is individualized, but is usually lasts only for a few months. The next level is normally intensive outpatient (IOP) treatment. Clean and sober housing becomes a priority to provide a stable drug free exit from residential treatment. Some offenders may have already received intensive Therapeutic Community substance abuse treatment while incarcerated, and may be able to step down into the lower-cost IOP treatment as they re-enter the community if housing is available.

Oxford Houses

Oxford House is a national model program that is able to help substance abusers in recovery, including offenders in recovery with permanent housing placements. Oxford House began nationally in 1975, and became established in Hawaii in 1991 under a contract with ADAD. In October 2003 there were 19 leased homes, all on Oahu, which are single sex, self-run, supported substance use disorder recovery houses. The increase real estate value has led to a trend of sales of these homes, as well as increases in lease fees. The homes each have their own democratic governance, as well as strict procedures for behavior, business matters, and sobriety. As with substance abuse treatment, the demand for housing outstrips the supply. The Oxford homes began in Hawaii with a $100,000 revolving loan to provide for a bridge subsidy of $4000 to lease a home. This revolving loan is then paid back by a portion of the approximately $360 rent which client's pay.

Community Re-entry Housing Need

If an offender is incarcerated, Oxford Houses are not normally available. Oxford House members must be able to interview prospective people in recovery, and are not able to do this if an offender is incarcerated. Community re-entry housing is a need for offenders who are incarcerated.

Planning for the re-entry into the community of parolees from prison is difficult, as many of these individuals have drug-free housing after lengthy incarceration, and have difficulty obtaining jobs. For parolees, the prevalence of housing problems or community stability is 63% (Social Science Research Institute, 2001) of 2,600 parolees. According to the Hawaii Paroling Authority, on the average, 120 inmates appear before the parole board every month, 40 of which need housing. The numbers of offenders needing clean and sober housing and the shortage of leased housing due to homeowner appreciation has led to short supplies in clean and sober housing.

STATE COLLABORATIVE EFFORTS—DEPARTMENT OF HEALTH, JUDICIARY, DEPARTMENT OF PUBLIC SAFETY, HAWAII PAROLING AUTHORITY, DEPARTMENT OF THE ATTORNEY GENERAL

As a part of the 2000 Statewide Substance Abuse Treatment Plan, ADAD convened representatives from the Judiciary, the Family Courts, the Department of Health, the Hawaii Paroling Authority, and the Department of Public Safety and developed a collaborative proposal to address issues that impact on the effective delivery of drug treatment services to this population. The following recommendations were made, with a current update on progress in italics:

- An inter-jurisdictional, integrated case management model needs to be implemented so that an efficient, effective continuum of treatment is possible. By linking substance abuse treatment services with all phases of the criminal justice system, the offender is provided a better chance at successful integration. *$2.2 million was allocated to case management and substance abuse treatment for offenders across the jurisdictions of the judiciary and public safety. Services*

were contracted by the Alcohol and Drug Abuse Division of the Department of Health. A report on Integrated Case Management immediately follows this section.

- Hawaii needs to create a system of graduated intermediate sanctions for non-violent drug abusers. In order to successfully divert criminal justice clients, additional resources in supervision and treatment services are critical. *The Interagency Council for Intermediate Sanctions includes the Department of Health, the Judiciary, the Department of Public Safety, the Hawaii Paroling Authority and the Attorney General is in place. All components of the criminal justice system are trained in the Level of Service Inventory (LSI) and Alcohol and Substance Use Survey (ASUS). Full implementation of the LSI/ASUS assessment is scheduled for Spring 04. A 5-year Strategic Plan for Intermediate Sanctions details the further implementation steps.*

- More residential beds and outpatient services are needed at each of the four phases of the criminal justice system: pretrial diversion, probation, incarceration, and parole. *$2.2 million allocated for this population through Integrated Case Management, 481 additional offenders were referred with 178 receiving treatment.*

- The process of screening, risk assessment, and treatment needs to be improved. A variety of screening and assessment tools are in use – a standard needs to be recognized. *The standardized risk-assessment tool is the LSI and ASUS. The substance abuse assessment tools used in the community are the Addiction Severity Index (ASI) and the American Society for Addiction Medicine Patient Placement Criteria. There continues to be a need for assessments by professionals trained in both criminal justice and substance abuse to agree upon the assessment tools to ease placement. Planning is continuing on this issue.*

- A comprehensive information system that cuts across agencies and is able to be accessed by the Judiciary and the Executive Branch would be a tremendous device for tracking the offender's substance abuse treatment history and progress. *The Intermediate Sanctions project includes an Management Information System for entering LSI and ASUS scores, however a method for gathering data regarding offenders' substance abuse history and progress needs to be developed.*

Integrated Case Management

Integrated Case Management (ICM) began with the release of $192,000 of the fund at the end of June 2002, and $2.2 million for SFY 2002 (Emergency and Budget Reserve Fund). The goal was to establish a case management system across jurisdictions using a continuum of substance abuse treatment services, collaboration among agencies, and to reduce the return to custody of offenders.

A case example of coordination of agencies and services involves an offender, jailed at OCCC who is granted pre-trial supervised release by a judge under the jurisdiction of Intake Service Center. He was later sentenced to probation. Normally when a criminal justice jurisdiction

changes such as in this case, funding for treatment and supervising personnel change. With Integrated Case Management, treatment continued uninterrupted.

When the Integrated Case Manager first met the offender, the offender was described as smelly, unkempt and missing his leg. He had an 8th grade education, and used drugs daily with his brothers and sisters. He agreed to residential treatment, which was difficult for the family, who depended on his social security disability funds. In addition to substance abuse treatment, the case manager helped with connecting him to an orthopedist. He was psychologically unstable and had problems living with others because of childhood sexual abuse. He was suicidal and admitted to Queen's Medical Center for 14 days. The case manager connected the offender to a private psychologist, and has worked with his pastor as well. Case management continues to help this offender with his multiple difficulties, and hopefully keep him out of the criminal justice system.

Integrated Case Management has found that many of its clients, such as in the above case, need intensive work with multiple agencies to keep them from returning to jail or prison. Much of this work includes finding clean and sober housing, paying rent, working with the criminal justice system, providing public safety, and linking with anger management, employment, medical care, and financial resources.

In planning the ICM services, it was believed that 5-10 referrals may be needed to obtain one ICM offender in treatment. Attrition rates for the general addiction population range from 25 to 80% (Carroll, 1995). For offenders, the attrition rate was anticipated to be higher. ICM was budgeted to serve 241 offenders. During the fiscal year, July 1, 2002-June 30, 2003, 481 offenders were referred to ICM. Between the currently active 148 active cases, and 30 completed cases ICM, 178 or 37% have completely engaged in treatment. Table 2 contains a status summary of the 481 referrals. Table 3 lists the status summary by criminal justice referral agency.

Table 2. Status Summary of ICM offenders

	Number
Active Case	148
Successfully Completed ICM (Case Closed)	30
Case Closed - no assessment (referral but no assessment)	89
Case Closed – assessment completed/no treatment follow-through	54
Case Closed – assessment completed/received treatment/ Non-compliance or new charges or revoked	128
Case Closed – transferred to other funding	10
Case Closed – transfer to Adult Mental Health Division	6
Case Closed – assessed, not eligible	13
Deceased	3
Total	481

Table 3. Status Summary by Criminal Justice Agency

	Active	Complete ICM	No Assess.	Assess./ No Treatment	Assess./ Treatment /Revoked	Transfer to other Funding	Transfer to AMHD	Not Eligible	Deceased	Total
Supervised Release	**18**	**2**	**21**	**12**	**30**	**2**	**0**	**5**	**0**	**90**
Probation	**100**	**15**	**34**	**26**	**54**	**1**	**6**	**5**	**1**	**242**
Parole	**30**	**11**	**32**	**15**	**43**	**2**	**0**	**3**	**2**	**138**
District Court	**0**	**0**	**1**	**0**	**1**	**1**	**0**	**0**	**0**	**3**
Jail/ Prison	**0**	**2**	**1**	**1**	**0**	**4**	**0**	**0**	**0**	**8**

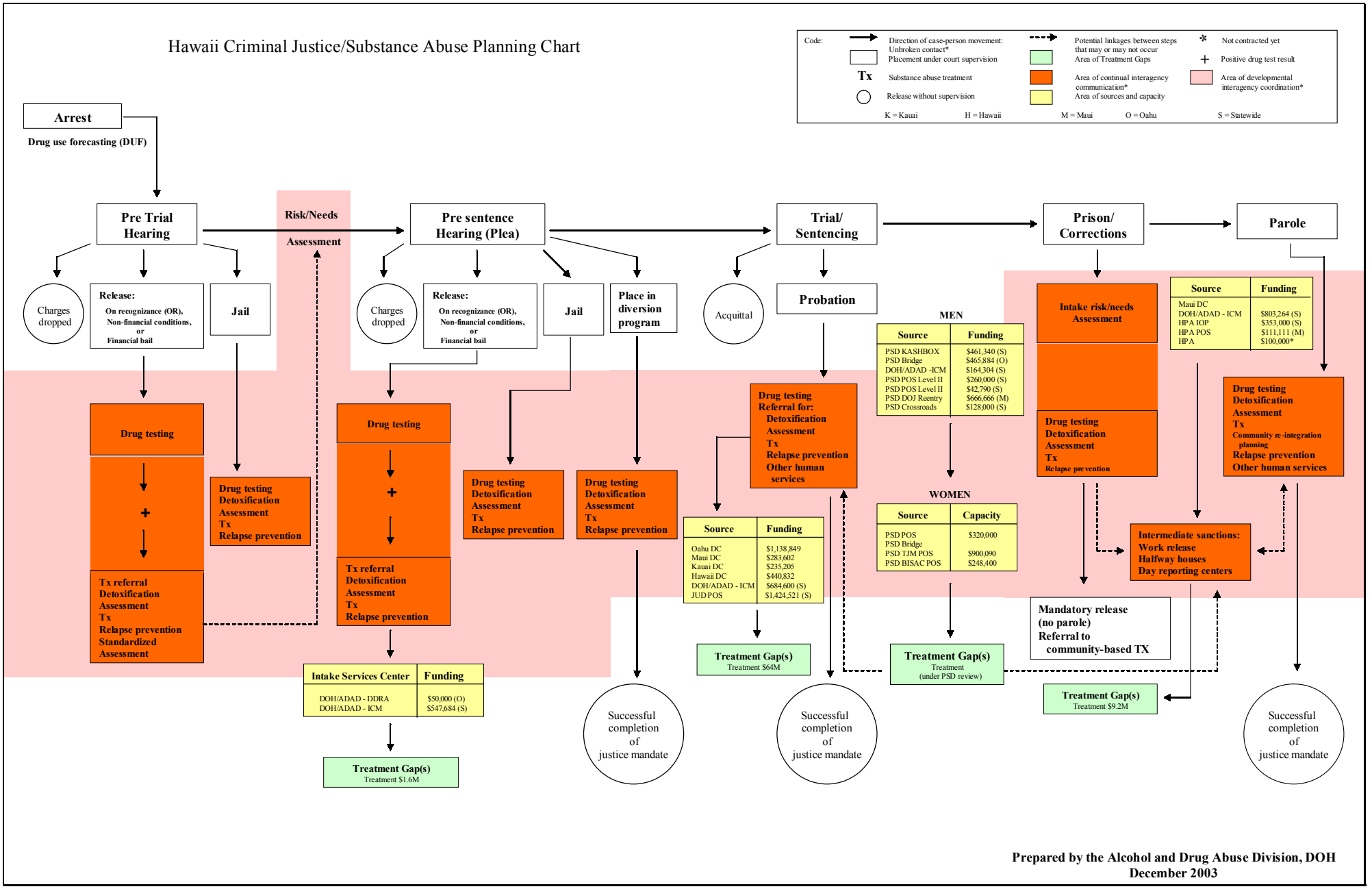
One reason for termination, from Table 2, Case Closed – assessment completed/received treatment but non-compliant or revoked due to new charges, warrants further analysis, and more information will be gathered. The offender may be non-compliant with treatment because of many possible reasons. The offender may not have attended treatment, relapsed, did not follow treatment advice, was revoked for various reasons or may have been arrested. Treatment is associated with favorable criminal justice outcomes, but this becomes problematic if an offender does not engage in treatment. Retention has been considered the "black box" of treatment, the factor that is associated with successful outcomes (Institute for Behavioral Research, 2001). Retention in treatment may be improved by criminal justice sanctions, incentives, or by attending to factors that increase retention in treatment programs. In the near future, more information on retention will be gathered through analysis of offenders for possible treatment/criminal justice improvement.

ICM does an assessment of an offender's readiness to change. Offenders who are "precontemplative" (in serious denial of the need for treatment), may need further motivation before they are able to change their addictive behaviors. Interestingly, 75% of offenders who are precontemplative turned out to be assessed but did not follow up with treatment, or began treatment and dropped out. With scarce treatment available, this may suggest that those who are not ready for treatment may benefit from motivational enhancement, while reserving more costly treatment resources for those who are ready. After one year of implementation, it is too early for final conclusions to be drawn.

HAWAII CRIMINAL JUSTICE/SUBSTANCE ABUSE PLANNING CHART

The U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), prepares state-of-the-art protocols and guidelines (called Treatment Improvement Protocols or TIPS) for the treatment of alcohol and other drug abuse from acknowledged clinical, research, and administrative experts to the nation's alcohol and other drug abuse treatment resources.

Hawaii Criminal Justice/Substance Abuse Planning Chart



While TIPS are considered state-of-the-art, research has constantly updated the knowledge of substance abuse treatment in the criminal justice system. ADAD enlisted CSAT consultants from Health Research Systems, as well as Melody Heaps, a national Illinois-based criminal justice expert, to obtain up-to-date national information. The Act 161 Interagency Council, including community providers, advocacy and consumers provided information relevant to the Hawaii community. The CSAT Criminal Justice Planning Chart (TIP 17) was used as the national model upon which the Hawaii Criminal Justice/Substance Abuse Planning Chart was based.

Standardized Risk/Needs and Substance Abuse Assessment Necessary Across the System

Although Intake Services Center, probation, incarceration and parole do assessments and independently gather data on offenders under their jurisdiction, the substance abuse assessments and risk assessment data differs by jurisdiction. A standardized risk/needs assessment as well as substance abuse assessment would lead to uniformity and resource allocation based on standardized criteria. In the Hawaii Criminal Justice/Substance Abuse Planning chart, the large area, colored pink, "Risk/Needs Assessment" encompasses all treatment activities in criminal justice. Substance abuse treatment in the criminal justice system differs from general substance abuse treatment because of the risk offenders pose. The ability to distinguish the individual who may be harmful is essential. Criminal justice programs assess the treatment needs of the offender, but this assessment necessarily is subordinated to the need to maintain security and to protect the community.

A Risk/Needs Assessment is defined as a "comprehensive report that includes the client's social, criminal, and other history." The assessment usually includes a recommendation for treatment if the individual is found guilty. Treatment is voluntary if the individual is not guilty. The Judiciary, the Department of Public Safety, the Attorney General's office and the Department of Health have a memorandum of agreement to collaborate to establish a standardized risk assessment across the system (See Attachment 3).

Intermediate Sanctions and the LSI

In the fall of 2000, Chief Justice Ronald T.Y. Moon convened a Judiciary steering committee and charged them with guiding an enhancement of intermediate sanctions throughout the state. Chief Justice Moon appointed the Interagency Council on Intermediate Sanctions (ICIS) in January, 2002 to guide the implementation. Intermediate Sanctions is generally defined as any sanction that is more rigorous (unpleasant, intrusive, or controlling) than traditional probation, but less restrictive than total incarceration. Intermediate Sanctions are necessary for those offenders in the community to leverage compliance with community requirements. The Intermediate Sanctions project encompasses assessment of offender risk and needs, provide treatment, define sanctions, and measure outcomes. ICIS agreed on the use of the Level of Service Inventory (LSI) as its risk assessment instrument.

The Level of Service Inventory (LSI) is a state-of-the-art standardized risk/needs assessment for offenders. It is supported by the National Institute of Corrections, and normed on large samples of offenders. As of November 2003, the LSI is being implemented, with full implementation scheduled for Spring 2004. The goal of the project is to match risk and need of offenders with treatment, and to reduce recidivism by 30% statewide. A study by the Attorney General

(Davidson, 2003) estimates that the overall incarceration cost savings with a 30% reduction in probation and parole revocations that result in imprisonment is $4,709,887 (an average of $17,082 per offender).
The following are the categories assessed by the LSI for risk and needs of offenders, and have been validated by large samples in multiple studies of the offender population as areas of risk and need:

- Criminal History
- Financial
- Accommodation
- Companions
- Emotional/Personal
- Education/Employment
- Family/Marital
- Leisure/Recreation
- Alcohol/Drug Problem
- Attitudes/Orientation.

Using the LSI, the National Institute of Corrections (NIC) has further determined the six criminogenic factors which most influence offender behavior:

- Anti-social attitudes/values
- Low self-control skills
- Alcohol and other drug problems
- Anti-social peers
- Dysfunctional Family Relations
- Callous Personality Features.

Treatment, which is cognitive-behavioral in nature, as well as targeted to the above risks/needs, has been shown to reduce recidivism by 30%, which would have a significant effect on the criminal justice system.

The Antisocial Personality Disorder.

Mark Gornik, a consultant for Hawaii formerly with the NIC, recommends distinguishing between the chemically addicted and the antisocial personality. Various assessments are able to distinguish between these two characteristics, although there are individuals with both addictions and antisocial personality.

Traditionally, the substance abuse treatment system has treated addicted individuals. Approximately 60-70% of these addicted individuals have some criminal justice involvement, but few reach the level of antisocial personality disorder or psychopathic disorder (Hare, 1995). Antisocial Personality Disorder (APD) is a diagnosis from the American Psychiatric Association's Diagnostic and Statistical Manual IV-TR (DSM IV-TR), and this diagnosis is made by trained professionals. APD is characterized by three or more of the following: failure to conform to social norms and lawful behavior, deceitfulness, impulsivity, aggressiveness, disregard for the safety of self or others, irresponsibility and lack of remorse. The prevalence of antisocial personality disorder in the general population is about 5% (Forrest, 1994). A method for identifying antisocial individuals is to assess those with the highest risk on the LSI. Although this is not a true diagnosis, it serves to identify those with high risk, and these individuals can be managed accordingly. Individuals of the highest risk are appropriate for more restrictive settings, cognitive-behavioral programming, increased surveillance, with substance abuse treatment as a secondary concern.

SUBSTANCE ABUSE ASSESSMENT AND TREATMENT

Alcohol and Substance Use Survey (ASUS)

A second assessment instrument used by the Intermediate Sanctions Project is the Alcohol and Substance Use Survey disruption scale (ASUS). The ASUS disruption scale measures behavioral disruption caused by substance abuse. Using the LSI and the ASUS, a treatment level is suggested, which is reported to the criminal justice system, and, with appropriate offender consent, is to be distributed to treatment providers. The ASUS level of treatment assessed, according to NIC consultant Brad Bogue, matches with the level assessed by the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC-2R). The ASAM PPC-2R is currently used in the community for placement decisions, in conjunction with the Addiction Severity Index (ASI).

Addiction Severity Index (ASI) and the American Society for Addiction Medicine Patient Placement Criteria, Second Edition (ASAM PPC-2R)

For providers of substance abuse treatment in the general community, there are two currently used assessment instruments. The Addiction Severity Index (ASI) is used for treatment planning and outcome evaluation. This ASI is a semi-structured interview designed to address seven potential problem areas in substance abusing patients: Medical Status, Employment and support, Drug Use, Alcohol use, Legal Status, Family/social status, and Psychiatric status.

An assessment is done using the ASAM criteria to assess: the withdrawal potential, medical comorbidity, emotional/behavioral conditions, the motivation to change, relapse potential and the recovery environment. The most important dimensions provide the treatment priorities for an individual. The level of care is determined generally as: Early Intervention Service (Level 0.5), Opiate Maintenance Therapy, Detoxification Service, Level I Outpatient Services, Level II Intensive Outpatient/Partial Hospitalization Services, Level III Residential/Inpatient Services, Level IV Medically-Managed Intensive Inpatient Services.

The criminal justice and substance abuse systems continue to work on the use of the risk assessment and substance abuse assessment for offenders. Once admitted into treatment, community providers will need to continue assessment using the ASI and ASAM PPC-2, and then provide individualized substance abuse treatment.

GAPS

Treatment Funding

The gaps in treatment funding are listed at the bottom of the Hawaii Criminal Justice Substance Abuse Planning Chart in green. Current funding for substance abuse treatment services by agency are listed in yellow. The details of each of these current contracts is listed in the inventory of funding. The gap is calculated by taking the treatment need and subtracting the current funding. Expenditures from each jurisdiction indicate that it costs an average of $4,250 for each supervised release offender, $10,670 for each probation offender, and $4,953 for each parolee to be treated. The gap in treatment funding, can be calculated, for example by

multiplying the 393 supervised release offenders who need treatment and are unserved (from Table 1), multiplied by the costs ($4,250) for each offender, or $1.6 million. The calculated gap in treatment funding for Probation is $64 million, Parole $9.2 million. The Department of Public Safety (DPS) substance abuse services are currently under review. DPS is a partner in the assessment of risk and need, and their planning will join with these community services when offenders are released will enter community services. The continuum for incarceration to community is exceedingly important, as substance abuse treatment can reduce recidivism by 70% when community-based treatment follows treatment during incarceration (Institute for Behavioral Research, 2000; Fields, 2003).

Prioritizing Resources

As can be seen from the treatment gaps, in Hawaii as well as nationally, not all persons in need of treatment will be able to receive services. Therefore, principles of assessment and treatment matching (which identifies level of need, and motivation) are used to identify those best suited for community treatment. The overall goal is to provide treatment to those most likely to succeed, and to provide the services necessary to prevent recidivism.

PRINCIPLES FOR EFFECTIVE AND EFFICIENT CRIMINAL JUSTICE SUBSTANCE ABUSE TREATMENT

The coercive power of the criminal justice system combined with effective, research-based intervention/treatment reduces recidivism (Interagency Council on Intermediate Sanctions Five-Year Strategic Plan, 2002; NIDA, 1992).

The most effective models integrate criminal justice and drug treatment systems and services. Treatment and criminal justice personnel work together on plans and implementation of screening, placement, testing, monitoring, and supervision, as well as on the systemic use of sanctions and rewards for drug abusers in the criminal justice system. Treatment for incarcerated drug abusers must include continuing care, monitoring, and supervision after release and during parole. (*NIDA Principles of Drug Addiction Treatment, 1999).*

Research has shown that substance abuse is a treatable disorder, even for the offender population, and that appropriate actions by the criminal justice system can foster its effectiveness. Researchers have found that the threat of criminal justice sanction motivates offenders to enter treatment and, perhaps more important, motivates them to stay in treatment for a period sufficient for behavior change.

Model programs such as Drug Court work on the principle of close judicial supervision of offenders. The Hawaii Drug Court has been successful with pre-trial as well as post-conviction probation clients. Once Probation develops a full array of sanctions, these sanctions can be paired with treatment effectively, without taking up costly incarceration space. Intake Service Center (ISC) can be more effective if, as a requirement of supervised release, its clients are court-ordered into treatment. ISC can revoke an offender's supervised release due to non-compliance. The Hawaii Paroling Authority can also revoke and re-incarcerate its parolees for violating the conditions of parole. This leverage, when paired with community treatment, can lead to the possible 70% treatment effectiveness mentioned earlier.

The Intermediate Sanctions effort pairs treatment with sanctions and provides the leverage needed to have offenders stay in treatment. Retention in treatment is highly correlated with more successful treatment outcomes (NIDA, 1999).

Interventions should be cognitive and behavioral in nature. Intensive services should occupy 40%-70% of the offender's time while in a program and should be of 3 to 6 months duration (*Gendreau, 1996).*

Interventions must target offender risks and needs, as assessed by the LSI. At the top of these risks/needs are anti-social attitudes/values, self-control skills, as well as substance abuse. Cognitive-behavioral treatment is able to target and modify these important risks/needs through an intense focus on thoughts, attitudes and behaviors. Most substance abuse treatment includes cognitive-behavioral orientation, however, continued development of specialized treatment for individuals beyond those with low risk may require a separate treatment milieu.

The Risk Principle states that the level of service should be matched to the risk level of the offender (Andrews, Bonta & Hoge, 1990). Not adhering to this principle can have serious ramifications. The application of intensive services and controls to low-risk offenders may actually be harmful; it interferes with the generally prosocial lifestyles of these offenders and may increase their risk of recidivism.

Most treatment is thus to be targeted to the higher-risk individual. For substance abuse providers this generally means a separate track for programming. Treatment vendors have indicated that in order to accomplish this, they would need 15-20 individuals in a program to create a separate track for these higher risk offenders. Often, this requires specialized staff, space, and curriculum. Most criminal justice contracts only are large enough to serve less than 5 individuals. It does not become cost-effective for providers to create separate programs for so few offenders.

Motivation for treatment should be assessed and enhanced.

Although coercion is often necessary for offenders, internal motivation is the primary goal for long-term results. Lack of motivation and readiness for change severely impacts an offender's responsiveness to treatment (Ginsburg, Mann, Rotgers & Weeks, 2002). In substance abuse treatment, attrition rates range from 25-80% for the general population (Carroll, 1995). Several studies indicate that longer treatment stays (both in residential and outpatient treatment) are highly correlated with more successful treatment outcomes (NIDA, 1998). It thus becomes essential to implement treatment protocols and strategies designed to increase offender's retention and engagement in treatment.

A review (Zweben & Zuckoff, 2002) of several studies using adaptations of motivational interviewing provides preliminary evidence that using motivational enhancement strategies can significantly increase treatment adherence. Hiller et al. (1999) and Wexler et al. 1999) demonstrated that motivational readiness is one of the strongest predictors of recidivism.

Motivational interviewing training has been occurring in Hawaii for use during assessment and during offender supervision across the criminal justice system. Training on motivational

interviewing has been provided to criminal justice staff by the NIC and ADAD. Dr. Henry Richards (1999) suggested in a technical assistance to the Department of Public Safety that some degree of assessment for motivation for change and readiness for change is needed. Several states have used motivation as a criteria for entry into substance abuse services, both because of its association with positive outcomes, as well as a method to determining how scarce treatment resources are allocated.

Motivational interviewing groups could be used as a component of the outpatient level of care both during incarceration as well as in the community. Currently two manuals are available for group based motivational interviewing and stages of change therapy: *Group Treatment For Substance Abuse: A Stages of Change Therapy Manual* (Velasquez, M.M., Maurer, G. G., Crouch, C., & Diclemente, C.C., 1999) and *Motivational Groups for Community Substance Abuse Programs* (Ingersoll, Wagner, & Gharib, 2000). Individual change goes through the stages of precontemplation, contemplation, preparation, action and maintenance. Group treatment could be provided throughout the various systems (criminal justice, case management, treatment providers) as a means to effectively work with offenders who are in the precontemplation, contemplation, and possibly preparation stages of change as a means to increase both treatment readiness and as a treatment intervention itself for offenders with less intractable substance dependence.

For offenders who are assessed in the earlier stages of change, of low risk, or incarcerated, outpatient motivational interviewing groups are a more appropriate, less costly alternative. Criminal justice staff received training in motivational interviewing from the National Institute of Corrections and also from certified instructors from the Department of Health Alcohol and Drug Abuse Division. A goal of this training is to identify offenders who are ready for change, and able to benefit from substance abuse treatment. Due to the high attrition rates of offenders, identifying offenders who can benefit from this treatment becomes cost-efficient.

People with or at risk for mental or substance use disorders, "should have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends (Curie, 2003)."

For offenders to truly improve, access to a job, housing and meaningful relationships the ultimate goal. As the substance abuse treatment system is still developing, the primary focus at this time is basic treatment, which includes residential, intensive outpatient and outpatient treatment. However, providers of service recognize that resources for employment, housing, and fostering positive relationships are necessary. Housing is of particular importance at this time, because the lack of clean and sober housing creates the need to use the highest and most expensive level of care, residential treatment.

Those who have years of face-to-face contact with offenders recognize that the above statement of Charles Curie, the administrator of SAMHSA is true, that substance-abusing offenders are humans with multiple needs. Some simply require an episode of treatment, but for many the legal sanctions must be in swift and certain, and the strengths of the community must be used to create the capacity for a system of care to treat and habilitate these individuals.

RECOMMENDATIONS FOR OFFENDER SUBSTANCE ABUSE SERVICES

Recommendation #1. Increase available substance abuse treatment resources to help with assessed offender needs at a level comparable to national averages. Substance abuse treatment is the first priority for those diagnosed with substance abuse or dependency.

The need of treatment necessary should be determined by the criminal justice system administration of risk and need assessments. The Interagency Council on Intermediate Sanctions should then determine which offenders are able to receive available treatment

Recommendation #2. Use outpatient motivational groups to provide access to treatment to more offenders, while assessing motivation, and conducting case planning. Offenders need to be motivated by both incentives and sanctions so that treatment can be systematically applied.

An increase in the amount of outpatient slots will make more treatment available to offenders. Motivational interviewing groups could be performed in various locations (such as Intake Service Center, Probation, and Parole) to assess those offenders who may be ready to proceed to higher levels of treatment. Case planning for offenders should assess the results of substance abuse treatment in outpatient groups, urinalysis results, motivation, attitude and behavior of an offender. Greater treatment opportunities should be given to offenders who have earned these privileges through successful efforts. Consequences need to be swift and certain. Offenders who have not learned this, and have become problematic for the criminal justice system, have also become problematic for the substance abuse treatment system.

Recommendation #3. Access to treatment for offenders should be as efficient as possible.

The number of offenders needing treatment requires coordinated efficiencies to maximally reserve and utilize available treatment slots. All licensed substance abuse treatment providers should be used, and offenders should be matched with providers. A waitlist of offenders, should be created, through an interagency committee, including providers, to facilitate placement.

Recommendation #4. Outcomes should be measured across systems primarily to track offenders and service utilization. Outcomes should show cost savings due to treatment.

Web-based MIS system can answer questions regarding the efficacy of treatment regiments in real time, rather than paying for costly outcome reports. Decision-makers can then use outcomes for continuous quality improvement. For example, performance based contracting can increase funding for providers who, for instance, measure increased client retention by a certain percentage, are competitively better at retention, or are able to provide more timely access to offenders.

ADAD collects federally required data and outcome measures, and much of this information collected over the years will benefit the criminal justice system through trend analysis. Also, for ADAD providers the federal Client Data System form and the Addiction Severity Index information collected will not be new information. Intermediate Sanctions uses a cyzap MIS system to collect LSI information, and is in the process of instituting other MIS software. Various criminal justice agencies collect data on their own offenders. The information should be

integrated so that system-wide reporting can be accomplished. A few critical measures to be evaluated for system integration and improvement include:

- Increase in Offender Access—decrease in time from interagency referral to receipt of treatment
- Decreased Recidivism—defined as a new arrest or probation, parole, or pretrial revocation within 3 years of onset of community supervision.
- Increase in Client Retention—as measured by length of time in treatment, this measure is associated with successful treatment, and should be associated with a lower recidivism rate. Clients who drop out of treatment are associated with higher recidivism.
- Decrease in LSI, ASUS—measured in 6 month intervals, these tools measure improvement in risk and need, disruption caused by substance abuse, and a positive attitudinal shift in an offender
- Decrease in ASI—Measured from admission, discharge, and 6 months after discharge, the ASI can provide information on improvement in a substance abusing offender's important problem areas such as medical status, employment, drug use, alcohol use, legal status, family/social status, and psychiatric status.
- Increase in treatment match—assessed treatment matches obtained treatment
- Increase in treatment of co-occurring disorders—more individuals obtaining treatment for co-occurring disorders, especially amphetamine induced psychosis
- Housing—increases in offenders receiving clean and sober housing
- Employment—increase in % of offenders employed
- Decrease in Incarceration bed days—measured as community tenure of offenders, and recidivism reduction

System analysis should also answer:

- Which offender is dropping out and why?
- What service not currently provided is requested most frequently?

Recommendation #5. Support Neighbor Island-specific planning efforts.

Although the criminal justice and substance abuse efforts are implemented statewide, the Neighbor Islands have their own communities and planning processes. An increase in services will help the Neighbor Islands, however the development of their unique infrastructures needs to be facilitated.

Recommendation #6. Establish housing for community re-entry of incarcerated offenders through bridge subsidies. Support the establishment of clean and sober homes on the Neighbor Islands and Oahu also with bridge subsidies.

Offenders who are incarcerated may only be able to qualify for welfare (Temporary Aid to Needy Families) 30-90 days after community re-entry. For these offenders to successfully remain sober, a bridge subsidy helps with rent until welfare is received is necessary, or until employment can be found. This will provide alternatives to more costly residential treatment or incarceration, and help to establish additional clean and sober housing. Self-run, clean and sober Housing can be established if vacant rooms do not tax the home's ability to pay lease rent. By helping the offender population with temporary rental subsidies, the offender can be kept clean

and sober in the community, and the clean and sober housing can be maintained. This will help the establishment of clean and sober housing on the neighbor islands, who do not have clean and sober housing. The Neighbor Islands such as Kauai and Hawaii also do not have residential substance abuse treatment, providing few alternatives.